



HAWAII STATE ETHICS COMMISSION
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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Chikamoto	Oren	T.	523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			523-6001
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Torkildson, Katz, Fonseca, Moore & Hetherington			523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			523-6001
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	

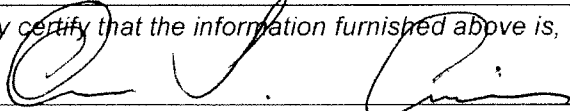
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Council of Life Insurers			(202) 624-2177
MAILING ADDRESS (Street)			FAX
101 Constitution Avenue NW			(202) 572-4858
(City)	(State)	(Zip Code)	
Washington	District of Columbia	2001-2133	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Joann Waiters, Esq.			(202) 624-2177
MAILING ADDRESS (Street)			FAX
101 Constitution Avenue			(202) 572-4858
(City)	(State)	(Zip Code)	
Washington	District of Columbia	2001-2177	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

5/1/07

(Date)

PART V AUTHORIZATION TO LOBBY


NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Joann Waiters	Counsel, State Relations

NAME OF ORGANIZATION (if applicable)	TELEPHONE
American Council of Life Insurers	(202) 624-2177

MAILING ADDRESS (Street)	FAX
101 Constitution Avenue NW	(202) 572-4858

(City)	(State)	(Zip Code)
Washington	District of Columbia	2001-2177

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

May 1, 2007

(Date)